



**INDEPENDENT LEVEL SUPERVISOR REPORT**

(continued)

4. Briefly describe the setting in which the candidates clinical work was performed.

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5. Do you have any reservations regarding the candidate's ability to perform as a clinical social worker?  
[ ] Yes [ ] No If yes, please explain. (Please use additional pages as needed)

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Supervisor Name: \_\_\_\_\_

Degree & Discipline: \_\_\_\_\_

License # (include State(s) of licensure) \_\_\_\_\_

**AFFIDAVIT**

I hereby certify that the responses provided above are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
**Supervisor Signature**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

**To the Supervisor:** Upon your completion of this report, please place in an envelope, seal, and return it to:

**STATE BOARD OF SOCIAL WORK EXAMINERS**  
**Bureau of Occupational Licenses**  
**1109 Main St., Suite 220**  
**Boise, ID 83702**